



**Scripps Howard Broadcast Stations  
Record Of Request For Political Broadcast Time  
By, Or On Behalf Of Candidate For Public Office**

Station / Location: WXVZ-TV

Date / Time Of Request: 10/15/12

Name Of Person Making Request: JOAN L BARRON

Agency (If Any): BARRON COMMUNICATIONS

Address: 38851 KAPPA

CLINTON TWP MI  
48036

Phone #: 1-586-951-0030

E-mail Address: BARRONCOMM@GMAIL.COM

Name Of Candidate: DETROIT

Political Party Affiliation: DEMOCRAT

Name Of Candidate's Authorized Committee: COMMITTEE TO ELEC

Is This The Candidate's Authorized Committee? Yes ☒ No ☐

Candidate's Authorized Committee Address:

MSNAPLE HOSKES  
8603 NEW DAVENPORT WAY  
CLINTON MI 48037

Name Of Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office For Which Candidate Is Running: CONGRESSIONAL SEAT

Committee Officers:

Chairman: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_



## Candidate Request Form (Continued)

This Is A :      Federal Office ☒  
                         State Office ☐  
                         Local Office ☐

Election For Which Candidate Is Campaigning: CONGRESS

Date Of Election:      Caucus \_\_\_\_\_ Primary \_\_\_\_\_ General ☒

Programs Or Times Requested: See ADAM Request

Dates Requested: 10/22 - 11/5

Length Of Spot / Program Time Requested: 30 second spot

Class Of Time Requested: FX

Request Made:      In Writing ☒      By Phone \_\_\_\_\_      In Person \_\_\_\_\_

Disposition Of Request:

Granted \_\_\_\_\_ (If granted, attach contract and invoice.)

Not Granted \_\_\_\_\_ (If denied, attach written denial.)

Political Disclosure Form Submitted To Requestor-      Date Submitted: \_\_\_\_\_

Has Candidate Or Authorized Committee Signed

Bipartisan Campaign Reform Act (BCRA) Certification?      Yes \_\_\_\_\_      No \_\_\_\_\_

Comments: \_\_\_\_\_

Television Station: \_\_\_\_\_

Signature Of Person Receiving Request  
On Behalf Of Station

Title

Account Executive